



State of Oklahoma

## OFFICE OF JUVENILE AFFAIRS

Board of Juvenile Affairs and Board of Oklahoma Youth Academy Charter School

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### Meeting Minutes November 20, 2019

#### Board Members Present

Tony Caldwell  
Amy Emerson  
Janet Foss  
Stephen Grissom  
Mautra Jones (arrived at 9:01 a.m.)  
Timothy Tardibono  
Karen Youngblood (arrived at 9:01 a.m.)

#### Absent

Sean Burrage  
Jenna Worthen

#### Guests

Twyla Snider, Linda Shaw, Ada Fox, TJ Bailey, Brenda Myers, Darla Slipke, Lisa Williams, Sidney Lee, Mitch McGrew, Darla Slipke, Joe Blough

#### Present from the Office of Juvenile Affairs

Janelle Bretten, Laura Broyles, Steven Buck, Paula Christiansen, Kevin Clagg, Donna Glandon, Rachel Holt, Michael McNutt, Carol Miller, Len Morris, Paul Otieno, Audrey Rockwell, Leticia Sanchez, Paul Shawler, Matt Stangl, Amy Stuart, Paula Tillison, Shelley Waller, Jim Weaver, and Melissa White

#### Call to Order

Chair Caldwell called the November 20, 2019, meeting of the Board of Juvenile Affairs and Board of Oklahoma Youth Academy Charter School to order at 9:00 a.m. and requested roll be called.

#### Public Comment

No public comments.

#### Presentation on recommended Rates and Standards

Mr. Clagg presented the attached.

Chair Caldwell recognized Twyla Snider from OJDA.

Twyla Snider: I just want to kind of talk from my heart this morning. Really what I want to talk about is the proposal that's on the agenda later. That has to do with the new state plan for detention. My name is Twyla Snyder, and I'm a dinosaur. But I've been around a long time seeing a lot of things with this system. I was present during the time of the Terry D. lawsuit. Myself and Tom Kemper from the Oklahoma Commission of Children and Youth were the transition team leaders brought OJA out of the Department of Human Services and to a free standing agency. So part of my heart is here. A big part of my heart is in this business. And I will tell you that ripping this agency out of the Department of Human Services was very grueling. It was very grueling. So here's what I would like for all of you to consider. Tearing something down is a lot easier than building something. And I've watched from the time in the 90s, that detention centers came up in the 80s and the mid-90s. And then we had programs galore and decided for kids. We had wraparound services we had, we had the ability to put workers, the besides the OJA workers in the home 10 hours a week. We had wonderful programs. Then we got leadership who wasn't invested in programs. We had budget cuts, lots of reasons. The programs went away. Now we're trying to get programs back. Do you see how hard it is? It's very difficult to rebuild. It's very easy to shut things down and stop and you can do it with like a pen or with a word, but to get it back is very difficult. So I come to you. I represent the Oklahoma Juvenile Detention Association. I'm the president of that. I have 15 detention centers. We have 286 beds now something like that. Some of them are six bed facilities. Here's my appeal. Anything that we do to right size is going to diminish the existence of those six bed facilities. They cannot enter the most expensive so the economy of scale, we knew about the economy of scale in the 90s, believe it or not. And we said, we went with our heart and the right thing. And the right thing was to keep kids in the smallest places possible, and to keep them as close as possible to their home. So my appeal is as we go through this right sizing for detention centers. Let's look beyond the numbers. Let's look beyond the utilization, rate. Let's look at what we're really doing to our kids and the system. I'm not a six bed facility. So if you think I'm appealing for myself, I'm not. I'm an 18 bed facility. And I will tell you that the bigger the facilities are, the lower their utilization rate is, the smaller they are, by and large, they have larger utilization rates, which should tell us a little something there. We've only got a few of them left. So my appeal is this, we have lots of experience in our, in our organization, the directors of the detention by and large have experience, if we're going to remove kids from jails and bring them back to detention centers, there needs to be a systematic thought process to that rather than just one day decide we're bringing all of these because, you know, this, Mr. Caldwell from the Department of Corrections, if you have kids that have been exposed to that environment, and you bring it back to a lesser environment, there's a lot of things to consider when you do that. So all I'm asking at this point is, can we think with our hearts, can we try to keep what we have and the existence intact, and yet do the right thing by the state of Oklahoma, when we do reduce the population? And the other thing that I would ask is that we want to be involved not just with the input, but in the conversation.

Chair Caldwell: The action plan for the state plan for detention. But I think it's appropriate that and I appreciate you being here, because we are in the final stages of trying to put that together. And I think, speaking only for myself. But as someone who's been involved in this process now for about six months, and I share your concerns and also your perspective in your



desire in terms of what we do with kids. And I think that's something that just from all the conversations I've had with my colleagues on the board and our team that is working on this plan. I think we all share a similar place from our hearts. I think that the struggle is always Okay, How do you how do you do that? And there's lots of ways. Just like there's a lot of ways to get from here to Tulsa. There is a lot of ways to get there. So we're working really hard on that. Look forward to presenting our plan next month and hope you'll be back. Appreciate your comments this morning. So with that said, why don't we move back into the JRAP rates? And Kevin has made his presentation. Are there any questions about any of the rates that are proposed, either from the point of view of what the rate is for, or how we got to the number or anything else you'd like to ask? I will say that, you know, as, as we've been done all year long been approving a lot of rates. And serving on that committee has been interesting to me because we've had a lot of discussion with the committee about the appropriateness of a lot of these rates in terms of both how and how we pay them whether its 15 minutes or an hour per use or all these other things. So that we can be really fair to the folks that are doing the work, I think I think we've had a couple of things preeminently in mind, as we look at these rates. First of all, what's best for the child and, secondly, what's best for the provider partners that we're working with, we want to make sure that as we continue to move from a reimbursement type mentality to the rate, payment for service mentality, and that we do it in a way that both keeps our partners whole and intact, actually improves their situation. So one of the things Kevin didn't say this time, but I will just make this point, which is that in many cases, these rates actually represent a long overdue increase in compensation for our partners. It's not everything that we would like to do. But is it's at least a step in the right direction. And it's my hope that as we revisit these rates over the next couple of years, they'll continue to be able to continue to do that, which that has a lot to do with what happens with state of Oklahoma's finances. That's our effort. And so with that said, there aren't any questions.

Dr. Grissom: I do have a couple of questions. The third item now, individual or third rehabilitative treatment is \$5.22 per 15 minutes. Is there a limit on group size?

Kevin: Yes, 14 is the limit.

Dr. Grissom: That's Health Care Authority? Who's rule was 14?

Laura Broyles: We looked at the Health Care Authority.

Shelley Waller: The rule is 14 and they have to have a minimum of six in the group.

Dr. Grissom: So is this evidence based. I've not seen any literature that says 14 people in group therapy is a good idea, particularly when we're talking about kids. I mean, six to eight is optimal group size. So by 14.

Shelley Waller: We can definitely take a look at that.

Dr. Grissom: I mean, I'm okay. I don't want to raise a stink about this this. I want to make sure that we're following is that the Health Care Authority's limit?

Shelley Waller: Can we have Lisa Williams speak to that?

Dr. Grissom: Yes.

Lisa Williams: Dr. Grissom I have raised those same questions with ODMHSAS. I have yet to see any evidence based rules, whether it's six for adolescents or eight for adults or 14 for rehab. Those numbers are just general numbers in terms of whether it is a level one or a level e group home. I would hope that any provider would take into account population and do numbers accordingly. I think this is a rule that can be programmatically you can have the right to make them conditions.

Dr. Grissom: As Twyla knows, I've been around a while too, and I'm a little jaded because there are people who will maximize their dollar to whatever limit is allowed. At the expense of the quality of the intervention. And so that's why I raised the question. I do know from Health Care Authority rules at our level e group homes the maximum group size for RBMS reimbursements is eight. I actually liked the fact that individual is paid at that rate for 15 minutes because that actually de-incentivizes doing individual therapy and incentivizes doing group therapy, which is much more effective with this particular clientele. So I like that particular here. But the group size being 14 is a little bothersome to me. But I think we have to work with the Health Care Authority rules in that regard.

Chair Caldwell. You know, you're far more educated on the technical aspects of this, I'd be, I would say this, were going to consider these rates in a moment individually, as we always do. which includes digital. If you're feeling that we should go back and revisit this rate by group size, we can certainly do that. And I think, we would be willing to follow your lead in that regard? So, if you indicate to me how you tend to flow that would be helpful for everyone else. To do what we need everyone.

Dr. Grissom: Well, if I would, if I vote no, it would be because I want staff to explore with the other entities and see what our options are there.

Chair Caldwell: I think that is fair.

Dr. Grissom: And I want to be reasonable here, but I also want to make sure that we're setting rates with the benefit of our clients.

Chair Caldwell: Well, I appreciate you bringing this up. As a committee member on that committee, I'm not aware of, you know, necessarily, what is the best treatment modality. So, I appreciate knowing this. And I'll also say that, you know, we're not here, even though if you were to review, about a year's worth of minutes for our board, you find that it's almost always unanimously yes in favor of everything because the work does in fact, get done and outside of



this room, but it is important that we're not a rubber stamp or anything. And so I think it's important in you as a highly educated experienced person in this regard, raising concern or question that we as those of us who are not as well schooled, step back and go Okay, let's revisit it. So if you're planning to vote, no, put it back on the table doesn't mean we can't take it back up again in 60 days I'd far prefer personally to do that. Then pass something, get everybody confused and then revisit.

Director Buck: I was simply going to echo those exact sentiments that an either a no vote today or a tabling action on that specific rate, neither would prevent us from bringing a revised rate or a more informed rate before the board if that's what you chose.

Chair Caldwell: Are there any other questions?

Judge Foss: How are you defining an event?

Kevin: In that case, it would just be session as opposed to the time is the session.

Judge Foss: So is there any limit to how many?

Dr. Grissom: In our packet was there a description log? I can't find it.

Kevin: Yes, it was referred to as Attachment B.

Secretary Rockwell: I can drop it in.

Chair Caldwell: While she's doing that we lay this item over for a few minutes and move back to our original agenda, which was the Director's Report.

#### Director's Report

Director Buck ran through his report.

Chair Caldwell: Are there any questions to the Director about his report. We will go back to the JRAP rates.

Secretary Rockwell: It is in there under attachment B.

Chair Caldwell: Can you point us where we can find the answer.

Dr. Grissom: The very first rate is for substance abuse family can counseling with patient present. That's the top line correct? There, there appears to not be a limit, but the document says per 15 minutes not per event. Is there a limit to a number of session that can occur?

Laura Broyles: No.

Dr. Grissom: It says whenever possible will be provided to incorporate family members for the purposes of developing awareness of familiar worlds and systems. There is no limit on that? And the second one is also for 15 minutes?

Chair Caldwell: Can I just make come about the question regarding limits, in terms of the number of events, so if you think back to where we were a year and a half ago, when we were reimbursing for things that took place. In a sense, you had an open checkbook only balance by agreements between your organizations about how much money that was to spend. And in also you had an culture and an environment which we've been moving away from wherein, you know, we work directing what youth services agencies did. Which struck me, I've had a lot of conversations with OAYS about this and internally, that, you know, the intention was never that the legislature appropriated money in order for us to tell nonprofits as a part our system, what to do and how to do it. That's what developed overtime. And we used the power of the purse to, to direct things really in an in an appropriate way. Because the youth service agencies were originally, you know, the idea behind them was that communities would determine, what is the best kind programming for the kids in their community. And they would have a lot of flexibility, we really have taken that away. And so the whole movement to rate based system, in part is designed, to give back that autonomy. So, I think it's appropriate that we don't necessarily have a limit in terms of the number of these events that can take place. We're just saying, hey, if you feel like this is the appropriate thing to do with the children in your care, here's how much money we think based on you know, all the factors considered that that, that we can pass through an appropriation for that purpose. I just want to make a comment as a great question. And I just want to observe that, you know, to the greatest extent possible, what we I think what we want to not be doing is being in the position of telling people what the limits are.

Dr. Grissom: My guess, and we have people nowadays I can probably do a better guess than me on this particular issue would be that it's most frequently difficult to get family involvement. And the way we're doing this would appear to actually incentivize getting more family involvement in the process, which I think overall would probably be good thing and money well spent.

Laura Broyles: I can also add to that there's an assessment rate for assessment and somewhere requiring that the YLSI helps identify those youth that are moderate and high risk of substance use disorder. And then there's an additional TASI, we're paying for that. And then that should guide that level of treatment as well. And so in the work, get them to do that treatment plan development and also doing a relapse prevention plan, because what we found is that kids that were leaving the system and coming back into the community didn't have substance abuse services. So this is also some of the rates are a little bit higher, but the purpose is to incentivize those such as those that are certified by DMH to provide substance abuse services to our kids, we found that the majority of our kids have substance use disorder. So it's incentivize that prioritize that and it also give them the freedom to develop that treatment plan based on their risk and needs.

Chair Caldwell: Judge Foss was your question answered?

Judge Foss: Yes.



Kevin: I appreciate your concern. And I agree with that. I think about those things too, as well. But there are two ways of controlling the cost but is the treatment has to follow the treatment plan. OJA approves the treatment plan, and monitors and reviews it so that the treatment, the number of is the number of hours, quarter hours expense would be specified. And the other thing is that contract monitoring, will be looking for situations where certain rights seem to be overused. So, there will be controls in place to monitor.

Chair Caldwell: I think it's worthwhile. Thank you, Kevin, just to make this observation because, you know, this is not a static process. We're going to keep promulgating rates. And in fact, many of the rates that we've already promulgated in the last year or so, are going to be a review in the next year or so. And, you know, as we've had these conversations, really, the intent is, is to create ever greater flexibility, first of all for our providers, and really be measuring outcomes so that we're not prescribing what people are doing, you know, with the kids that we're just saying, hey, if you choose to do these things, here's the outcome. Here's a whole bunch of things that you may choose to use in trying to drive that outcome. And, if the things that you want to do, aren't in any of these rates have already promulgated, tell us what that is, and we'll work to promulgate it rate. So we can reimburse, you know, the work you're doing. In fact, we've promulgates some rates this year, that were requested by some of our providers for that very purpose. And so, you know, this is a, it's an ongoing experiment. And I think one of the things I would say about that is that we just need to be really clear about our intent. And I think we have them. And then we need to be extraordinarily sensitive to our provider partners is they come back to us and say, This is working, this isn't working, we need this help. Because the end of the day, we're just not partnership trial kids. And I think that's what we're doing.

Laura Broyles: And so something to keep in mind to you and you're getting ready to consider the vote and everything is that we have federal seed money that is paying for services. And so this is really a demonstration project and that we're still trying to figure out what the rates need to look like and what the treatment needs to look like. So for example, Dr. Grissom is the rate that you are uncomfortable with the group ratio, we have federal funding that can continue to pay that because its seed money to get this started. So I that should allow us the time to really make sure that these rates are what you want these rates to be. So I respect your, your expertise and the result from that.

Dr. Grissom: Sounds to me, like, maybe the smart thing to do is to approve it. And you guys work on? Is that actually the best one and then we revise it later. If we need to.

Chair Caldwell: For myself, I'm going to fall in leadership here. And so I think that's the decision that you should make and guide us in. So you've got four or five minutes to do that.

Dr. Grissom: So are we already doing these services? Yes. Do we have groups of 14 anywhere?

Lisa Williams: For my agency and we only do group therapy, we limit ours to six.

41:57

Dr. Grissom: I'm a little I'm a little confused, I guess. Because the requirement for who's providing is is the same. And in my experience rehabilitative services, as differentiated from counseling or therapy, yeah, those are different sizes and different rates. But here we're requiring LPCs and LADCs to do the rehabilitative service rather than other staff, which is the way the differentiation and for example, group home settings.

Laura Broyles: For the rehab, there should be a there should be CADC we ask they be substance abuse certified in some way.

Dr. Grissom: LADC or individuals under supervision for alcohol and drug counselor licensure or other licensed professionals LPC, LCSW, LBP, LMFT, LSW, including those under supervision of substance abuse specific training and or experience. Which is the same provider requirements for doing family counseling and so on.

Laura: So with that individual?

Dr. Grissom: That is the JRAP individual or group rehabilitative treatment. Yeah. So, I mean, to me, if you're going to require that level of professional, then you're talking about a professional counseling service.

Laura Broyles: Yeah, it should there should be a differentiation. I know that. It's okay,

Dr. Grissom: I'm back. I'm thinking we need to make that really cleaned up before we really need to clean that up. I am going to vote no on that one for now.

Chair Caldwell: Let me just observe we actually, clarified with Kevin, this rate, we had some discussion about maybe this month regarding, eventually, of people providing the service. And we're going to have we've voted to make some adjustments to the requirements, which is now before OMES. So, this, this rate is going to come back up again next month, and if you would like to adjust the group size, my guess is we'll have to deal that at committee, go back to OMES and come back to the Board. So I think you are safe to promulgate this rate, either way, you're going to see it again.

Dr. Grissom: Okay, I can live with that. As long as its as its own process, and it's been looked at and considered, then that's, that's my concern. I want to make sure we're doing the right thing.

Chair Caldwell: Is there any more trouble you would like to cause any more trouble this morning. I appreciate you bringing, because this is why we're here. So I appreciate it very much. Are there other questions about the rates that we had presented to us?



Vice Chair Youngblood: I would just like Kevin to clean up the top line. I know it's only presented that way what we have on our documents is correct. But for the record when he goes in the top on just that lists.

Chair Caldwell: Okay, I think we should certainly. Okay. All right. So as you know, we need to, we need to consider each of these rates we individually.

Discussion and/or possible vote to approve rates and standards for JRAP Substance Abuse Family Counseling with Patient Present, RS20-001-06 - \$23.36 per 15 minutes

Dr. Grissom moved to approve with a second by Dr. Emerson

Aye: Caldwell, Emerson, Foss, Grissom, Jones, Tardibono, and Youngblood  
Absent: Burrage and Worthen

Rates and standards for JRAP Substance Abuse Family Counseling with Patient Present, RS20-001-06 - \$23.36 per 15 minutes approved.

Discussion and/or possible vote to approve rates and standards for JRAP Substance Abuse Family Counseling without Patient Present, RS20-001-07, RS20-001-07 - \$22.36 per 15 minutes

Dr. Grissom moved to approve with a second by Ms. Jones

Aye: Caldwell, Emerson, Foss, Grissom, Jones, Tardibono, and Youngblood  
Absent: Burrage and Worthen

Rates and standards for JRAP Substance Abuse Family Counseling without Patient Present, RS20-001-07, RS20-001-07 - \$22.36 per 15 minutes approved.

Discussion and/or possible vote to approve rates and standards for JRAP Individual or Group Rehabilitative Treatment, RS20-001-08 - \$5.22 per 15 minutes per client

Dr. Emerson moved to approve, Dr. Grissom moved to amend to match the attachment after clarification retracted the motion to amend, with a second by Judge Foss

Aye: Caldwell, Emerson, Foss, Grissom, Jones, Tardibono, and Youngblood  
Absent: Burrage and Worthen

Rates and standards for JRAP Individual or Group Rehabilitative Treatment, RS20-001-08 - \$5.22 per 15 minutes per client approved.

Discussion and/or possible vote to approve rates and standards for JRAP Substance Treatment Team meeting, case staffing, or supervision, RS20-001-09a - LADC or individuals under supervision for Alcohol and Drug Counselor licensure, or other Licensed professionals (LPC, LCSW, LBP, LMFT, LSW), including those under supervision with Substance abuse-specific training and/or experience - \$9.00 per 15 minutes per provider

Dr. Grissom moved to approve with a second by Ms. Jones

Aye: Caldwell, Emerson, Foss, Grissom, Jones, Tardibono, and Youngblood  
Absent: Burrage and Worthen

Rates and standards for JRAP Substance Treatment Team meeting, case staffing, or supervision, RS20-001-09a - LADC or individuals under supervision for Alcohol and Drug Counselor licensure, or other Licensed professionals (LPC, LCSW, LBP, LMFT, LSW), including those under supervision with Substance abuse-specific training and/or experience - \$9.00 per 15 minutes per provider approved.

Discussion and/or possible vote to approve rates and standards for JRAP Substance Treatment Team meeting, case staffing, or supervision, RS20-001-09b - CADC and Bachelor's degree in a behavioral science and one year of experience in juvenile justice, social work, or education - \$7.50 per 15 minutes per provider

Dr. Grissom moved to approve with a second by Ms. Jones

Aye: Caldwell, Emerson, Foss, Grissom, Jones, Tardibono, and Youngblood  
Absent: Burrage and Worthen

Rates and standards for JRAP Substance Treatment Team meeting, case staffing, or supervision, RS20-001-09b - CADC and Bachelor's degree in a behavioral science and one year of experience in juvenile justice, social work, or education - \$7.50 per 15 minutes per provider approved.

Discussion and/or possible vote to approve rates and standards for JRAP Substance Abuse Work-related Travel Time – RS20-001-10 - \$17.78 per 15 minutes

Dr. Grissom moved to approve with a second by Ms. Jones

Aye: Caldwell, Emerson, Foss, Grissom, Jones, Tardibono, and Youngblood  
Absent: Burrage and Worthen

Rates and standards for JRAP Substance Abuse Work-related Travel Time – RS20-001-10 - \$17.78 per 15 minutes approved.

Update on State Plan for the Establishment of Secure Detention Services ahead of final presentation and vote at December Board Meeting

OJA team ran through the attached presentation.

Chair Caldwell: You know, it was our original goal was to get this done in September or October. Then it was our plan B was to get done in November. And so now we are on plan C. And I would just say this, I mean, I think that's just indicative, really everyone that's been involved in the process, their desire to get this right. We haven't reopened the plan for any detention in over a decade. It really is something that needs to be reconsidered every year or two but opportunities been really give us a serious look. As Ms. Snider pointed out, you know, it didn't just about utilization. That's an important part of this because we begin talking about it,



utilization and most utilization profiles and patterns. You know, there's obviously an opportunity. So we worked on that. But it's also about other things as well as it's taken longer than I thought. So I think we're close with just a couple of things really held us off. This month, and I think we're in the process of resolving those. So I don't think it'd be more a couple of weeks before we get a chance to see it. Are there any comments or questions about the report?

Update on the Next Generation Campus Project

Video presentation and Mr. Clagg gave a brief status of the where the project currently stands.

Discussion and/or possible vote to approve change order NGF-003 to Flintco contract - adjustments to intake building, design and location, \$17,610.00 reduction. (Note: Board Action modified the masterplan on 6/19/2019 this is for the resulting change to the construction contract)

Dr. Grissom moved to approve with a second by Ms. Jones

Aye: Caldwell, Emerson, Foss, Grissom, Jones, Tardibono, and Youngblood

Absent: Burrage and Worthen

Change order NGF-003 to Flintco contract - adjustments to intake building, design and location, \$17,610.00 reduction. (Note: Board Action modified the masterplan on 6/19/2019 this is for the resulting change to the construction contract) approved.

Discussion and/or possible vote to approve a change order NGF-004 to Flintco contract – adjustment to upgrade temporary security fencing to combination 10ft concreted base poles w/anti-climb mesh and curved fence, \$124,152.00 increase

Dr. Grissom moved to approve with a second by Judge Foss

Aye: Caldwell, Emerson, Foss, Grissom, Jones, Tardibono, and Youngblood

Absent: Burrage and Worthen

Change order NGF-004 to Flintco contract – adjustment to upgrade temporary security fencing to combination 10ft concreted base poles w/anti-climb mesh and curved fence, \$124,152.00 increase approved.

Discussion and/or possible vote to approve a change order NGF-005 to Flintco contract – ground water remediation for fresh water seepage in construction areas, \$78,213.00 increase

Dr. Grissom moved to approve with a second by Ms. Jones and Judge Foss

Aye: Caldwell, Emerson, Foss, Grissom, Jones, Tardibono, and Youngblood

Absent: Burrage and Worthen

Change order NGF-005 to Flintco contract – ground water remediation for fresh water seepage in construction areas, \$78,213.00 increase approved.

Discussion and possible vote to adopt State Advisory Group (SAG) Recommendations – Dr. Stephen Grissom, SAG Chair, and Ms. Laura Broyles, Administrator Juvenile Justice and Delinquency Prevention (JJDP) Unit

Ms. Broyles ran through the attached presentation.

Dr. Grissom: She is remarkable in how she keeps all this together. The retreat was marvelous. So many of us were like, o, my we have some work to do. The important thing to understand is that Laura's group is quite deep into making these changes happen. I don't want to take this particular time to get on a soapbox about adding to Adverse Childhood Experiences. The focus has been to pull in the Tribes and youth. Alison has been remarkable in chairing the subgroup for youth. They are making substantial changes. I am impressed, as chair of SAG, with the work this team is doing.

Dr. Emerson: I appreciated the presentation, its spirit and the thoughtfulness put behind it. I love nothing about us without us. Even though we don't get as much interaction as we would like. I think it is important to adopt. I think this may be an opportunity to infuse better mental and medical health services, and will be happy to help in those regards. I'm really appreciative of the dimension of trying to listen to our Native American voices and focusing on disparity. I also wanted to ask the question, as far as groups go that we feel like could be treated in an equitable fashion, it was our African American males. So, is it true, when we look at data that we still have work to do? I just want to make sure that is still a priority.

Dr. Grissom: The fourth area is one of the four core, formerly called, Disproportionate Minority Contact is a core function. We monitor and provide data on that issue. We have had a couple of intervention projects that we have funded.

Mr. Tardibono: The recommendation number seven, the facility standard shall be amended. Is that a request that needs to go to the legislature?

Laura Broyles: Yeah. So the recommendation that we should be making to the Legislature.

Chair Caldwell: So I have sort of similar question. There's really two things here. One, there's some recommendations for us. And then there's some recommendations for legislative action and so there's a proposed action item on here, proposed action items, to adopt the recommendations to us. I think the second piece is the first question for you all, which is these legislative changes that you're recommending does the SAG intend to make those to carry water for that with respect to the legislature? Or are you making a request to us to make that part of our legislative program?

Laura Broyles: So I think it's both so we will make these recommendations to the Legislature and the Governor through a written product primarily. However, we realize that it takes to get legislation through it requires people to help us change. So I'm going ask Dr. Grissom as a SAG member to speak.



Dr. Grissom: It is somewhat bifurcated. I think technically, I think for the possible vote, it is that last slide, which has four bulleted recommendation. So that's our recommendations to OJA, right. That's the voting. Okay, now the items one through 12, which are recommendations for statutory change. SAG has a responsibility to provide information to the Governor and the Legislature. So in that regard, that's a separate SAG function but SAG would certainly hope that the OJA board would be in support of those items, but they're not necessarily things that I think that are up for a vote.

Chair Caldwell: Okay. So we have established practice of having the OJA a legislative program reviewed by the Board and that will take place in either December or January, right.

Director Buck: In January.

Chair Caldwell: You will have the opportunity to review and vote on each of those items.

Mr. Tardibono: So just one more on number nine, prohibit charging application fee for indigent attorneys for youth. Does the federal OJJDP act have a definition of indigent? Because as a state we do not. One of the conversations we've had not in this setting in other settings, is whether because we don't have a definition of indigent whether there should be some recommendation or legislation, advise the judges, if in my case, a person in jail situation if they're on some sort of federal or state aid, where they have been determined to be in poverty, that that should be viewed in the judge's determination of indigent status. So if there's not a federal standard, look at it, is that a way to come up with a already determined definition? Because some state or federal agency already has a criteria that is determined poverty, leading to eligibility for treatment or services, thus suggest you take that at least as persuasive.

Laura Broyles: The Department of Justice, the OJJDP may have a definition. I will certainly look for that.

Chair Caldwell: Other questions about the report?

Mr. Tardibono: One more on number 10. Do we have any sort of actual listing of what those fines and fees are for juveniles?

Laura Broyles: I think we could get it. We look at, we see it when we look at a data.

Mr. Tardibono: So, I think that's going to be a legislative recommendation. The legislature is really looking at fines and fees, piece. And so I think as much information as we can give.

Dr. Grissom moved to approve with a second by Ms. Jones and Mr. Tardibono

Aye: Caldwell, Emerson, Foss, Grissom, Jones, Tardibono, and Youngblood

Absent: Burrage and Worthen

Recommendations from State Advisory Group (SAG) to OJA adopted.

Approval of Minutes for the October 16, 2019, Board Meeting

Mr. Tardibono moved to approve with a second by Ms. Jones

Aye: Caldwell, Emerson, Foss, Grissom, Jones, Tardibono, and Youngblood

Absent: Burrage and Worthen

October 16, 2019, board minutes approved.

Discussion and/or possible vote to approve the year-to-date OJA Finance Report

Ms. Jones moved to approve with a second by Judge Foss.

Aye: Caldwell, Emerson, Foss, Grissom, Jones, Tardibono, and Youngblood

Absent: Burrage and Worthen

Year-to-date OJA Finance Report approved.

Discussion and/or possible vote to approve 2019-2020 year-to-date Oklahoma Youth Academy Charter School Finance Report

Ms. Jones moved to approve with a second by Judge Foss.

Aye: Caldwell, Emerson, Foss, Grissom, Jones, Tardibono, and Youngblood

Absent: Burrage and Worthen

2018-2019 year-to-date Oklahoma Youth Academy Charter School (OYACS) Finance Report approved.

Update on ICAP - Mr. Jim Weaver

Presentation on Entrepreneurship program

Vote to enter Executive Session

Mr. Tardibono moved to enter executive session with a second by Dr. Grissom

Aye: Caldwell, Emerson, Foss, Grissom, Jones, Tardibono, and Youngblood

Absent: Burrage and Worthen

Board entered Executive Session at 11:14 a.m.



Vote to return from Executive Session

Dr. Grissom moved to return from executive session with a second by Vice Chair Youngblood and Judge Foss

Aye: Caldwell, Emerson, Foss, Grissom, Jones, Tardibono, and Youngblood

Absent: Burrage and Worthen

Board returned from Executive Session at 11:30 a.m.

Announcements/comments

Secretary Rockwell informed the Board they can tour the facilities located on-site.

New business; as authorized by 25 O.S. § 311(A) (9)

No new business.

Adjournment

Judge Foss moved to adjourn with a second by Dr. Emerson.

Aye: Caldwell, Emerson, Foss, Grissom, Jones, Tardibono, and Youngblood

Absent: Burrage and Worthen

Chair Caldwell adjourned the meeting at 1:09 p.m.

Minutes approved in regular session on the 18th day of December, 2019.

Prepared by:

  
Audrey Rockwell, Secretary

Signed by:

  
Tony Caldwell, Chair



# Board of Juvenile Affairs

## Rates and Standards Presentation

November 20, 2019



On September 16, 2019, the OJA Rates and Standards Committee voted unanimously to recommend for the Board of Juvenile Affairs the proposal represented by items within this presentation designated by RS20-001.

As required by statute, each component of these rate proposals were submitted to OMES for review and approval. Approval was granted by State Purchasing Director, Sam DuRegger on October 15, 2019. (Copy of the approval letter is in the board packet)

# Summary

- More specific information is in the board packet – this presentation is only a general summary
- This Rate & Standards group will be effective immediately if approval by the Board of Juvenile Affairs.
- Rates were determined by looking at existing OHCA rates and providing a slight increase to incentivize agencies to provide this prioritized need as determined by existing assessment data from the youth involved in the Oklahoma juvenile justice system.



# Summary (continued)

- The rate categories are based on existing best practices in treatment of substance use disorder and the federal Bureau of Justice Assistance (BJA) Residential Substance Abuse Treatment (RSAT) requirements.

# Juvenile Relapse Avoidance Project (JRAP)-NEW RATES

Category	Rate	Unit
<b>SUBSTANCE ABUSE GROUP COUNSELING</b> (RS20-001-06)	\$23.36	Event
<b>SUBSTANCE ABUSE FAMILY COUNSELING WITHOUT PATIENT PRESENT</b> (RS20-001-07)	\$22.36	Event
<b>INDIVIDUAL OR GROUP REHABILITATIVE TREATMENT</b> (RS20-001-08)	\$5.22	Event
<b>SUBSTANCE TREATMENT TEAM MEETING, CASE STAFFING OR SUPERVISION - LADC</b> (RS20-001-09a)	\$9.00	15 min
<b>SUBSTANCE TREATMENT TEAM MEETING, CASE STAFFING OR SUPERVISION - CADC</b> (RS20-001-09b)	\$7.50	15 min
<b>SUBSTANCE ABUSE WORK-RELATED TRAVEL TIME</b> (RS20-001-10)	\$17.78	15 min





# STATE PLAN FOR THE ESTABLISHMENT OF **JUVENILE** DETENTION SERVICES

OJA BOARD UPDATE  
November 20, 2019

Rachel Canuso Holt  
Chief Operating Officer/ Senior General Counsel

Kevin Clagg  
Chief Financial Officer

Shelley Waller  
CBS Deputy Director



# COUNTY UPDATES

- Board of Commissioners, Bryan County, gave notification to OJA on October 24, 2019 that they no longer desired to provide juvenile detention services.
- Muskogee County Juvenile Detention contract remains suspended at this time pending further investigations by the Office of Client Advocacy (OCA).
- OJA continues to not have a contract with the Oklahoma County Juvenile Detention Center.





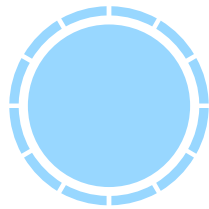
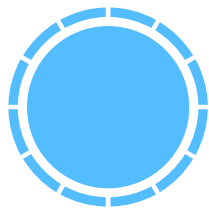
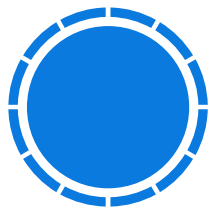
# FY20 DETENTION USAGE

### Detention Utilization Report

Center	Jul 2019	Aug 2019	Sep 2019	Oct 2019
BECKHAMDET	(8, 0) 89.78%	(8, 0) 95.16%	(8, 0) 83.33%	(8, 0) 80.65%
BRYANCODET	(8, 0) 2.15%	(8, 0) 0.00%	(8, 0) 0.00%	(8, 0) 0.00%
CANCODET	(10, 18) 130.32%	(10, 18) 74.52%	(10, 18) 105.00%	(10, 18) 106.13%
CLCNTYDET	(28, 0) 98.90%	(28, 0) 78.66%	(28, 0) 87.82%	(28, 0) 87.97%
COMANCODET	(25, 0) 99.23%	(25, 0) 89.29%	(25, 0) 87.07%	(25, 0) 98.06%
CRAIGCODET	(18, 0) 88.92%	(18, 0) 78.52%	(18, 0) 86.48%	(18, 0) 93.19%
CREEKCODET	(0, 16) 40.52%	(0, 16) 42.34%	(0, 16) 40.42%	(0, 16) 38.71%
GARFCODET	(10, 0) 99.68%	(10, 0) 89.03%	(10, 0) 85.00%	(10, 0) 99.68%
LEFLOREDET	(10, 0) 91.29%	(10, 0) 88.39%	(10, 0) 90.33%	(10, 0) 98.06%
MUSKCODET	(10, 0) 97.74%	(10, 0) 97.74%	(10, 0) 67.33%	(10, 0) 0.00%
OKCNTYDET	(78, 0) 60.79%	(78, 0) 63.23%	(78, 0) 45.94%	(78, 0) 50.99%
PITTSCODET	(10, 0) 100.00%	(10, 0) 98.39%	(10, 0) 94.33%	(10, 0) 94.52%
POTTCODET	(12, 2) 102.69%	(12, 2) 94.89%	(12, 2) 99.17%	(12, 2) 93.82%
SAC&FOXDET	(13, 0) 91.56%	(13, 0) 88.59%	(13, 0) 95.90%	(13, 0) 85.11%
TESTDET	(2, 0) 0.00%	(2, 0) 4.84%	(2, 0) 0.00%	(2, 0) 0.00%
TEXASCODET	(8, 0) 84.95%	(8, 0) 65.05%	(8, 0) 68.89%	(8, 0) 81.72%
TULSACODET	(55, 0) 68.50%	(55, 0) 61.88%	(55, 0) 59.09%	(55, 0) 64.46%
WOODCODET	(8, 2) 15.73%	(8, 2) 95.16%	(8, 2) 85.42%	(8, 2) 57.66%

\* First number is (contract, county-only) number of beds

\* Percentages are calculated against Contract Beds but against County Beds if no Contract Beds



# COLLABORATIVE EFFORTS

- Oklahoma Juvenile Detention Association (OJDA) Fall Conference
- Children's Improvement Program (CIP) Judicial Conference
- OJDA Sub-Committee





# **STATE PLAN FINALIZATION AND BOARD VOTE**

**DECEMBER 18, 2019**

# The State Advisory Group (SAG) on Juvenile Justice and Delinquency Prevention

Working Together for All Oklahoma Youth



Dr. Stephen Grissom, Chair

Laura Broyles, JJDP  
Administrator

SAG Members have Experience,  
Training, or Special Knowledge  
concerning

- adolescent development,
- the prevention and treatment of juvenile delinquency,
- the administration of juvenile justice
- Or the reduction of juvenile delinquency



# About the SAG

Volunteer citizens appointed by the Governor





photo © 2012 katsrcool, Flickr

# On a Mission

To Strengthen the Core Protections of the JJDP / JJRA

The Oklahoma State Advisory Group (SAG) advises the Office of Juvenile Affairs, the Governor, and the Legislature on best practices for youth at-risk or involved in the juvenile justice system. SAG administers federal funds received through the Juvenile Justice Delinquency Prevention Act as reauthorized through the 2018 Juvenile Justice Reform Act. SAG advises on innovative solutions designed to promote healthy development that prevents and reduces future crime for at-risk youth.

# The Four Core Protections under the Juvenile Justice and Delinquency Prevention Act and the Juvenile Justice Reform Act of 2018

- Jail Removal
- Sight and Sound
- Deinstitutionalization of Status Offenders
- Reducing Racial and Ethnic Disparities  
(**D**isproportionate **M**inority **C**ontact)

# OJJDP Findings and Status of Four Core Protections

- Jail Removal-Met Standards-Need to Strengthen
- Sight and Sound- Violations Resulted in Non-Compliance-Loss of Funding for Evidence Based Programming
- Deinstitutionalization of Status Offenders-Met Standards & Reduced Occurrences
- Reducing Racial and Ethnic Disparities-Met Standards  
(**Disproportionate Minority Contact**)



# SAG Priorities & Recommendations

## To Implement Policy, Practice, and System Improvement Strategies to

- Ensure the protection and safety of all youth who come into contact with the justice system in Oklahoma
- Ensure Statewide Compliance of the Core Protections of the JJDPA/JJRA
  - ❖ Sight and Sound Separation from Adult Inmates/Trustees
  - ❖ Jail Removal
  - ❖ Deinstitutionalization of Status Offenders
  - ❖ Identify and Mitigate Racial and Ethnic Disparities
- Strengthen Collaborative Learning between the Tribes and the State-Listening to Native Voices
- Support Tribes in the Implementation of Culturally Relevant Delinquency Prevention Programming-Provide Training and Technical Assistance to Carry out the Requirements of Grant Awards
- Empower Oklahoma youth to assist with Shaping Policy, Practice, and System Improvement Strategies by Becoming Their Allies - “Nothing About Us, Without Us”
- Support a Continuum of Evidence-based or Promising Programs(delinquency prevention, intervention, mental health, behavioral health and substance abuse treatment, family services for children exposed to violence) that are trauma informed, reflect the science of adolescent development, and are designed to meet the needs of at risk youth who come into contact with the justice system

# SAG Statutory Recommendations

1. OJA's JJDP Unit is authorized to **license** all juvenile and adult detention facilities as being approved for or prohibited from detaining youth under the age of 18, either for delinquent, Youthful Offender, or other Felony charges.

# SAG Statutory Recommendations Continued

2. Any adult jail or lockup that is approved to detain youth who are under 18 years of age must be found to be in full compliance with PREA (Section 115.14 ) Youthful Inmate Standards, Subchapter 7: Jail Standards, of Title 310 of the Oklahoma Administrative Code (OAC), and the 2018 JJRA Act standards regarding:



## SAG Recommendation Continued

- Separation of youth from adult inmates at all times (JJDP Act, PREA)
- Required educational services are provided (PREA Act 115.14),
- Youth receive large muscle exercise (PREA Act 115.14),
- Youth are not left in isolation (PREA Act 115.14),
- Youth have access to mental, medical, and behavioral health services (PREA Act 115.14),
- The facility has at least one FT staff monitoring youthful inmates on all shifts (OK CCDF Standards), and
- To enter a youth area, the facility must have at least two staff present, one of which must be the same sex as the youth in the room (OK CCDF Standards)

## SAG Statutory Recommendations Continued

3. The Office of Juvenile Affairs, Juvenile Justice and Delinquency Prevention Unit, in partnership with the Oklahoma Department of Health, will re-evaluate and license all adult jails and lockups with respect to the requirements of Recommendation 2 and categorize each in one of three categories:
  1. Designated as a non-approved facility;
  2. Designated as a Sight and Sound Separate facility approved solely for 6-Hour processing; or
  3. Designated as a Sight and Sound Separate Residential Detention Facility in Full Compliance with all relevant Standards.

# SAG Statutory Recommendations Continued

4. **Reauthorization Requirement (JJRA)**-Youth under the age of 18 charged with a Felony or a Youthful Offender charge shall not be detained in any adult jail or lockup unless or until:
- A. that youth has been sentenced as an adult, or
  - B. the court ordering the detention into an adult jail Approved as a residential detention facility has fully established the 7 factors that merit such a detention being in the interest of justice
    - I. Age
    - II. Physical and Mental Maturity of Youth
    - III. Mental State, Risk of Self-Harm
    - IV. Nature and Circumstances of Offense
    - V. History of Prior Delinquent Acts
    - VI. Relative Ability of Adult and Juvenile Facilities to Meet the Needs of Juvenile, Protect the Public, and Protect Other Detained Youth\*
    - VII. Any Other Relevant Factor

**\*\*Youth meeting the 7 factors may not be held more than 180 days and shall have a Review hearing not less than every 30 days. The 7 factors must be re-evaluated at each review hearing. JJRA Requirement**

## SAG Statutory Recommendations

5. All Law Enforcement entities are required to report their involvement with juveniles to the Juvenile Justice and Delinquency Prevention Unit of the Office of Juvenile Affairs within 24 hours on the Juvenile Online Tracking System (JOLTS), the statewide juvenile justice database.



## SAG Statutory Recommendations

6. Youth under the age of 18 charged or adjudicated for a Juvenile Delinquent charge shall under no circumstances be detained or confined in any adult jail or lockup.

❖ Adult jails or lockups designated as approved for Sight and Sound Separation for 6-Hour processing may hold the youth in non-secure areas of the facility.

## SAG Statutory Recommendations

7. All Oklahoma Detention Facility (Adult and Juvenile) Standards shall be amended to reflect federal JJDP Act 2018 Reauthorization laws and standards for Oklahoma's full compliance.

## SAG Statutory Recommendations

8. All adult jails and lockups shall have documentation for all youth detained at their facility including, but not limited to:
- Record of permission from the presiding Judge that ordered the detention,
  - The full report establishing that all factors required under the 2018 Juvenile Justice Reform Act have been satisfied to merit the detention being in the interest of justice,
  - The detention has been reported to and approved by both the OJA Compliance Monitor/JJDP Unit and the Oklahoma Department of Health Jail Inspection Division.

# SAG Statutory Recommendations

9. Prohibit charging an application fee for and denying access to Indigent Attorneys for youth who are under the age of 18.
10. Change state laws requiring youth to pay fines and fees for dismissal of their cases (deferred and court ordered).
11. Make juvenile-specific trauma-informed and developmental training mandatory for all staff in adult jails in order for that facility to securely detain youth.
12. Make juvenile justice training mandatory for Oklahoma Judges, District Attorneys, and Defense Attorneys.



# SAG Recommendations to the Office of Juvenile Affairs

- OJA Presents on the Juvenile Justice Reform Act of 2018 to Judges, Oklahoma Sheriffs and Jail Administrators
- Continue Coordination with the Jail Inspection Division of the Oklahoma Department of Health to Coordinate all Annual Jail Inspections and to Increase the Quality of Oversight and Frequency of Compliance Monitoring
- After Jail/Lock-Up Re-Certification, provide lists of facility designations to all Judges, Law Enforcement Facilities, District Attorneys, State, County, and Municipal Justice entities.
- JJDP Unit provides support and training to OJA field staff on the core protections and assign compliance responsibilities to Assistant District Supervisors in each jurisdiction. Outcomes of monitoring to be entered into JOLTS and reported to the JJDP Unit